

**PRESURVEY PACKAGE
FOR THE
SAFEGUARDS AND SECURITY CENTRAL TRAINING ACADEMY
ADVANCED DEVELOPMENT AND PROFESSIONAL TRAINING PROGRAM
--ADAPT--**



PROGRAM OBJECTIVE:

This program revolutionizes the manner in which individuals are professionally developed by utilizing all resources the S&S community has available while simultaneously meeting emerging training needs. In turn, our community prospers on an individual basis as well as organizationally.

This objective is accomplished by:

- Providing Mentoring
- Providing one-on-one professional development counseling
- Addressing consequences of workforce reductions
- Providing highly tailored job-specific training
- Increasing employee/supervisor productivity through reinvented approaches to learning

The information that is provided on this form and the accompanying supervisor form will assist in making an appropriate match between you and a potential mentor or a professional development plan. Please be as specific as possible. This completed form along with the completed supervisor form must be submitted to the Safeguards and Security Central Training Academy (S&SCTA) for your participation in the ADAPT Program. For further information contact Michele Rogers, Program Analyst, S&SCTA, at (505) 845-6118.

***Welcome to the Advanced Development and Professional Training Program Pre-Survey
Package for Adobe Acrobat® Reader 3.0!***

Note: If you are using an earlier version of Adobe Acrobat® Reader than 3.0, you may encounter some error messages or question mark icons in the forms. For full use of the document, it is recommended that you download Adobe Acrobat® Reader 3.0. See <http://www.adobe.com/acrobat> for more information.

Using Advanced Development and Professional Training Program Pre-Survey Package for Adobe Acrobat® Reader

Features have been added to this document to make finding and completing information easier, including:

- ***Bookmarks***
After opening the file in Adobe Acrobat® Reader, click the second button from the left on the toolbar, “Displays both bookmarks and page.” This will display bookmarks that can be clicked to navigate to key areas in the document. More space can be made for the column on the left by dragging the right column border to the right.
- ***Form fields***
The Advanced Development and Professional Training Program Participant Pre-Survey can be completed on the computer and e-mailed, or printed for mailing or faxing. The print button is located on page 7. To email the document, save it and send it as an attachment to adapt@www.cta.doe.gov.
- ***Hotwords***
Words that are red in color are links to other locations. When clicked, these red hotwords will either link to other sections of the document, definitions in the glossary, or the World Wide Web.
- ***Checkboxes and Radio Buttons***
Square check boxes can be clicked and a checkmark or X will appear in the box. Click on the box again to delete the checkmark. To select a circle choice, click once in the circle. Click the circle’s partner circle to change your answer.

See the “Reader Online Guide” in the Help Menu of Adobe Acrobat® Reader or <http://www.adobe.com/acrobat> for more information about Adobe Acrobat® Reader.

PARTICIPANT PRESURVEY

NAME: <i>(full name and MI, no nicknames please)</i>	SITE: <i>(site name and contractor, if applicable)</i>
TITLE: <i>(current job title)</i>	
PHONE: <i>(include area code and extension, if applicable)</i>	FAX:
SITE MAILING ADDRESS:	

SUPERVISOR NAME:	SUPERVISOR PHONE:
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PRIMARY JOB FUNCTION <i>(list your primary duties or areas of responsibility for your current job, or the job you are training for)</i>
ADDITIONAL JOB FUNCTION(S) <i>(list any additional or collateral duties you may be responsible for, such as Derivative Classifier, etc.)</i>

Are you newly assigned to safeguards and security activities (Within the last 6 months)?

Yes No

Have you been transferred or promoted into a position either outside of or within your primary responsibility? Yes No

Are you currently in a position that requires refresher training, specific training, or has the job changed due to new requirements? Yes No

If you did not answer yes to one of the above questions, please explain your current situation and your interest in the ADAPT program below.

Fields: Management Safeguards & Security Training	Do you have more than one year experience in one or more fields listed in the preceding box? Yes No If yes, cumulative years
Disciplines: Physical Security Information Security MC&A Personnel Security Protective Forces	Do you have more than one year experience in one or more disciplines listed in the preceding box? Yes No If yes, cumulative years If yes, please check the disciplines to the left.
Positions: Security Officer Training Officer Manager Team Leader Instructor Specialist	Do you have more than one year experience in one or more of the positions listed in the preceding box? Yes No If yes, cumulative years If yes, please check the positions to the left.

Developmental need, or specific training need: (List specific training needs to accommodate any changes in or additions to primary job function, or any developmental need [such as improving supervisory skills] that may require formal training or an individualized program.)

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What do you believe to be your current level of knowledge and skills in the area in which you would like assistance?

Please check one.

Little or no knowledge of the subject	Familiarity level: Basic knowledge of or exposure to the subject/process.	Working level: Knowledge required to monitor and assess operations/activities; apply standards of acceptable performance.	Expert level: Comprehensive, intensive knowledge of the subject/process.	Demonstrate the ability: Actual performance of a task or activity in accordance with policy.

What level of knowledge and skills do you want/need to attain in this area? Please check one.

Familiarity level:	Working level:	Expert level:	Demonstrate the ability:

Federal Employees Only

Are you a participant in the Technical Qualification Program? Yes No

If yes, have you met the competencies for the General Technical Base Qualification Standard?
Yes No

Are you required to meet the competencies for the Safeguards & Security Qualification Standard?
Yes No

Are you required to meet competencies in any other qualification standards? Yes No

If yes, please list the standard(s).

Are you participating in any other formal training programs? Yes No
If yes, please list the program(s).

Nonfederal Employees Only

Are you a participant in any ***required*** formal training programs? Yes No
If yes, please list the program(s).

Are you participating in any other formal training programs? Yes No
If yes, please list the program(s).

NEXT STEP to ADAPT...

Thank you for completing the ADAPT presurvey. An S&SCTA representative will contact you and your supervisor shortly to arrange a one-on-one conference. During the conference, a preliminary individualized professional development plan will be produced/ discussed. Please refer to the box below and ensure that you bring the identified documentation to your conference.

Preconference Checklist					
	Completed Survey	Completed Supervisors Survey	Prior Training Records	Certificates, licenses, certifications	Any other applicable information